

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
02-002

2. STATE  
Wisconsin

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
01/01/02

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
1902(a)(10)(A)(ii) and (aa) and 1920B of the SSA

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$384K  
b. FFY 2003 \$832K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2-2-A, Page 23b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

New

10. SUBJECT OF AMENDMENT:

Breast and cervical cancer benefit

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

*Robert H. Blaine*

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Peggy B. Handrich*

13. TYPED NAME:

Peggy B. Handrich

14. TITLE:

Administrator, Division of Health Care Financing

15. DATE SUBMITTED:

16. RETURN TO:

Peggy B. Handrich  
Administrator, Division of Health Care Financing  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

3-26-02

18. DATE APPROVED:

*4/16/02*

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

*Cheryl A. Harris*

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS:

**RECEIVED**

MAR 26 2002

DMCH - MILWAUKEE

STATE: Wisconsin

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Group Covered
B. Optional Coverage Other Than the Medically Needy (Continued)	
1902(a)(10)(A)(ii)(XVIII) of the Act	<u>X</u> 22. Women who: <ul style="list-style-type: none"><li>a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;</li><li>b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;</li><li>c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and</li><li>d. have not attained age 65.</li></ul>
1920B of the Act	<u>X</u> 23. Women who are determined by a "qualified entity" [as defined in 1920B(b)] based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients. <p>The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.</p>

TN No. 02-002  
Supersedes  
TN No. New

Approval Date: APR 10 2002 Effective Date: 01/01/02